

Reinstatement Form

Instructions:

Please complete this form in its entirety and submit it to the College of Patent Agents and Trademark Agents (CPATA) via email, along with payment, to the attention of the Director of Registration at registration-inscription@cpata-cabamc.ca. Details of the application process and required documentation can be found at: <https://cpata-cabamc.ca/agents-trainees/licensure/>

Section 1: Personal Information

Current Legal Name

First Name:

Middle Name:

Last Name:

CPATA Number:

Section 2: Licence Type

Please select all that apply:

I am applying to reinstate my Patent Agent Licence.

I am applying to reinstate my Trademark Agent Licence.

Section 3: Current Contact Information

Business Address

Company Name:

Address:

Unit/Suite:

City:

Province:

Country:

Postal Code:

Business Email Address:

Business Phone:

Extension:

Home Address

Address:

Unit/Suite:

City:

Province:

Country:

Postal Code:

Personal Email Address:

Preferred Phone:

Section 4: Reason for Suspension

Please check all that apply:

Non-payment of Annual Fees Date Suspended:

Non-payment of Other Fees Date Suspended:

Providing Required Information Date Suspended:

Continuing Professional Development
Compliance Date Suspended:

Compliance with Licence Conditions Date Suspended:

Compliance with Mandatory Professional
Liability Insurance Date Suspended:

Other: Date Suspended:

Section 5: Fees

The fee to apply for reinstatement is \$261 plus applicable taxes and payment of one of the following, as applicable:

2021 Annual Fees

2022 Annual Fees

2023 Annual Fees

2024 Annual Fees

2025 Annual Fees

Please complete the payment authorization at the end of the form.

Section 6: Professional Liability Insurance Information

Please select one of the following and provide the required information:

a. On the effective date of my licence, I will have professional liability insurance that complies with CPATA's requirements.

Name of Insurer: Policy Number (Optional):

b. My employer/supervisor holds professional liability insurance that covers my practice and that complies:

Name of Insurer: Policy Number (Optional):

c. I am exempt from holding professional liability insurance because:

I am employed by an employer that carries on business in Canada and who provides patent agent or trademark agent services solely to my employer and not to the public;
or

I am not currently employed as an agent or providing agent services.

Section 7: Signature

The signature can be provided in ink or by inserting a secure electronic signature into the space below.

Signature

Date

Any information with respect to this application will be collected, used or disclosed in accordance with the CPATA's Privacy Statement.

Payment Authorization:

List of tax rates is below.

Credit Card: Type: Visa Mastercard AMEX

Card #:

Card Validation Code (CVC):

Expiry Date:

Name on Card:

Signature of Cardholder:

Authorized Amount \$ (including tax):

Once processed this information will be deleted by CPATA

Electronic Funds Transfer:

Please email payments to: payments@cpata-cabamc.ca and provide your name, CPATA No. and "Reinstatement Request" in the comments box.

Tax Rates:

Please select the tax rate based on the province associated with your business address. If you do not have a business address, please select the tax rate associated with your residential address.

Province	Tax Rate (%)	Province	Tax Rate (%)
British Columbia	5	Prince Edward Island	15
New Brunswick	15	Northwest Territories	5
Manitoba	5	Nova Scotia	15
Alberta	5	Nunavut	5
Newfoundland and Labrador	15	Ontario	13
Yukon	5	Quebec (HST ONLY)	5
		Saskatchewan	5